



Sumner COUNTY Board of Zoning Appeals

355 N. Belvedere Drive Room 202, Gallatin, Tennessee, 37066
 OFFICE: (615) 451-6097 FAX: (615) 451-6074

CONDITIONAL USE PERMIT APPLICATION					
Date Submitted:	Tax Map:	Group:	Parcel:	Acres:	Zoning:
Project Address:					
Property Owner:					
Address:					
City:		State:		Zip Code:	
Phone:			Email:		
Applicant: (If different from property owner)					
Address:					
City:		State:		Zip Code:	
Phone:			Email:		
Was a pre-application meeting held with staff? Yes No			Date of Meeting:		
Purpose: Briefly describe the reason for this application:					

Signature of Owner or Owner's Agent:					
<p style="color: red;">I understand that this Conditional Use Permit, if granted, can never be transferred to another property owner or another individual. This Conditional Use Permit will cease immediately at such time as property owner no longer owns or resides at the referenced property location.</p> <p style="color: red;">Signature of property owner: _____</p>					

Items required at time of application submittal:

1. _____ Application
2. _____ Application Fee of \$300.00 **(a \$300.00 fee will be due every two (2) years upon request for this Conditional Use Permit be continued by the Board of Zoning Appeals)**
3. _____ Warranty Deed
4. _____ Aerial sketch a site plan of the building (s), new or existing and identify the one being used for the business
5. _____ Show how many feet that these building(s) are located from all property line boundaries, fences, and other structures located on the property
6. _____ Show the septic system
7. _____ Show the drain field (s)
8. _____ Copy of the septic permit OR an affidavit of disclosure from the Environmental Department, (Room 208)
9. _____ Show the locations of signs (if any). A sign application is required with this request
10. _____ Show location of vehicle parking spaces AND indicate if your intentions are to request a variance for a "Dust Free Parking Surface" (You need to indicate this on your site plan)
11. _____ Show how many vehicle parking spaces including any handicap parking
12. _____ Specify if the vehicle spaces are to be used for customer parking or semi-temporary parking
13. _____ Show existing or proposed landscape buffers, screening, fencing, entrance(s) from the county approved road(s)

Received by: _____

Date: _____

Receipt #: _____